## Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 267-1809 **Phone #:** (608) 266-2112 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@dsps.wi.gov Website: http://dsps.wi.gov

#### OFFICE OF EDUCATION AND EXAMINATIONS

### REAL ESTATE BROKER AND SALESPERSON PRE-LICENSE NON-CREDIT PROGRAM APPLICATION

Applications must be submitted at least 30 days prior to the first date the course is offered.

Please attach materials with appropriate references where space is inadequate. An Instructor Approval Form (#831) must be filed for each instructor.

SCHOOL INFORMATION						
1.	Name of school:					
2.	Email Address					
3.	Address (street, city, state, zip code)					
4.	Telephone: 5	. Date organized:				
	( )					
6.	( )  Form of business organization (proprietorship, partnership, corporation):					
7.	If a subsidiary, give name of parent organization:					
SCH	Name of owner(s):  HOOL ADMINISRATION					
1.	Name of Real Estate Education Administrator:					
1.	Name of Real Estate Education / Rammistrator.					
	a. Educational background:					
	b. Business experience:					
	c. Teaching experience:					
	d. Professional organizations:					

#830 (Rev. 11/12) Ch. 452, Stats.

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SCHOOL ADMINISRATION (Continued)				
2.	Describe the personnel organization of the school:			
3.	Describe the record system of the school in detail, including information on applications, student progress records, completion records and evidence of completion. Supply copies of forms used.			
4.	Outline fee schedule of the school:			

### **DEFINITIONS:**

5.

"Distance education" means the provision of educational programs or courses without an instructor or representative of an approved school physically present with the students. "Distance education" includes, but is not limited to, the delivery of educational programs and courses on CD-ROM, computer disk, or the Internet.

"Classroom education" means the provision of students in a setting in which either an instructor is physically present with the students or a representative of an approved school is physically present with the students for the purpose of taking attendance and providing instruction by audiotape, cable television, satellite or other similar method and the instructor is available for student questions by telephone or E-mail, or by a continuous 2-way audio or audiovisual connection.

### **COURSE INFORMATION** The following is to be submitted for each course for which approval is requested.

- 1. Course title:
- 2. Number of class meetings, sessions or units:
- 3. Hours per class meeting, if classroom education:

Describe standards for hiring teaching personnel:

- 4. a. Present an outline of the topics included in each course. Attach appropriate pages. (Note: If you are using course materials from another provider who has been approved to offer this course, you are not required to submit an outline as part of your application. Indicate here which provider's materials you are using.)
  - b. If classroom education, state the time devoted to each topic.
  - c. If distance education, on separate pages please describe **how your school will carry out each of the following procedures** for all distance education courses.
    - 1) Ensure that instructors approved by the department are available to the students at reasonable times and by reasonable means.
    - 2) Provide a reasonable level of examination security for the examination given at the end of each distance education continuing education course.
    - 3) Sufficiently cover the subjects required and/or specified for the courses.

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	4)	Provide reasonable oversight to ensure course are the enrolled students.	that the students who take the distance learning	program or		
	5)	Provide a reasonable opportunity for stud	lent self-evaluation of mastery.			
5.	Describe j	Describe published materials each student is required to have (texts, manuals, etc.).				
6.	Explain standards for successful completion of program.					
7.	Is progran	n open to anyone without regard for member	ership in any organization? YES	NO		
DE	PGOM(G)					
PE	RSON(S) A	AUTHORIZED TO SIGN OFFICIAL	CERTIFICATES			
Name			Name			
Signature			Signature			
Name			Name			
Sig	nature		Signature			
I he	ereby certify	that all statements are true to the best of my	knowledge.			
Sig	nature of Re	al Estate Education Administrator	Date			
518.	initial Of ICO	an Estate Education Fidininistrator				
 Titl	e					